

Exhibit AA

October 24, 2006

Received

NOV - 2 2006

Michael Jones
Senior Claims Examiner
Pan American Life
P.O. Box 60219
New Orleans, LA 70160-0219

Policy Benefits
Division

Re: Policy # 1257-758, 1285-764 & 1257-573

Dear Mr. Jones:

I would like to address the issues outlined in your letter of October 3, 2006 to Ms. van der Veur of the Consumer Protection Division of Consumer Affairs in Napa.

First, regarding my August 23rd letter, I could not have included your August 25th response since I did not yet have it. The initial premiums taken out of my account and the reimbursements have become so complicated that the State of California Department of Insurance is still investigating whether you or I have sound accounting practices. The payments, overpayments, deductions, and final settlement of payments for the March-April, April-May period are now extremely complicated without clarification. I have no record of you requesting my bank statements for verification, and if you could provide me with a copy of your letter stating this request I will provide you with the proper information. The question of the third and final policy has only come to view when I found a letter in September of this year that was from 2001 with this policy number (attached). There has been no other correspondence since these policies were put in place for me to know all the policy numbers or their values until this claim was activated. I was assured by you and Elaine Bourg, only via telephone conversation, so there is no record that no other policy existed, but it did. That has added to my frustration.

Second, I have enclosed the letters regarding the reimbursement dated September 12, with the corresponding letters of September 18 and September 22, where I had to ask for itemization because reimbursements are still being sent without clarification. I have also enclosed the most recent worksheets and check receipts that came with this month's compensation which I received on October 14th. I do not see any indication that dates are yet being documented. In addition, the policy 1257-573, which was paid on 9/13/2006 for 4 months benefits up to 6/14/06 state the monthly benefit, is \$500.00 a month. The check I received on October 14th shows no date and was paid in the amount of \$200.00. Could you please explain or correct this? (Copies are enclosed).

Finally, the rehabilitation portions of my policies are, as you state, 'disbursed at Pan American Life's discretion'. Can you tell me what would justify rehabilitation? Is there a company policy

regarding rehabilitation? Do you ever approve this benefit or make exceptions, and could I make an appeal for this benefit?

Thank you for addressing these issues.

Sincerely,



Donna Mathews

cc: Linda van der Veur
Darryl Tolliver
John Balthazar
Ruth Marsh

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

10-14-06

POLICY NUMBER 1257-573		CALIFORNIA						DATE 10/9/2006			
FORM NUMBER 7H01	BO	STRICTLY 4	AGENCY	AGENT	CLAIM NUMBER 06-1074	INS. 1	AGE 53	INCU RR DATE 12/14/2005	REPORT DATE 26/2006	CAUSE A/B	COINS
CDS CODE	CASH ACCOUNT	CHECK AMOUNT		AUTH	NO.CHRK	NO ACCT		CHECK NUMBER	REQUEST NUMBER		
A1	51448	\$ 500.00	TFR2						CRAH	610038	
CDS CODE	ACCOUNT	A&HOD	TOTAL CHARGES	INELIGIBLE SEE REV	100% BENEFITS	ELEGIBLE CHARGES	BENEFITS AT %	CDS CODE	TYPE OF CHARGE		
CB	12200	08						BS	HOSPITAL ROOM AND BOARD FROM	TO	MISC. HOSPITAL CHARGES
DB	12200	09									SURGERY
EB	12200	10									MATERNITY BENEFIT
FB	12200	11									OUT PATIENT BENEFIT-ACCIDENT
GB	12100	01			500.00			GS	MONTHLY BENEFIT FROM	TO	06/14/06 07/14/06
HB								HS			1 MONTHLY BENEFIT
IB								IS			
JB								JS			
KB								KS			
LB								LS			
MB	66500							MS	TAXES WITHHELD		
REDACTED											
CDS CODE	INSURED								TAX ID		
TS	Donna Mathews DEPENDENT								SEE REVERSE		
CDS CODE	PAYEE NAME AND ADDRESS										
Y1	Donna Mathews										
Y2	REDACTED										
Z1	Calistoga, CA 94515										
Z2											
Z3											
		PREPARED BY ELAINE BOURG						APPROVAL			

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

POLICY NUMBER 1257-573	CALIFORNIA						DATE 9/13/2006						
FORM NUMBER 7H01	BO	STRICTLY 4	AGENCY	AGENT	AGENT	CLAIM NUMBER 06-1074	INS. 1	AGE 53	INCUR DATE 12/14/2005	REPORT DATE 2/6/2006	CAUSE 419	A/S COINS	
CDS CODE	CASH ACCOUNT	CHECK AMOUNT		AUTH	NO.CHK	NO.ACCT	CHECK NUMBER				REQUEST NUMBER		
A1	51448	\$	2,000.00	CRS1									
CDS CODE	ACCOUNT	A&HCD	TOTAL CHARGES	INELEGIBLE SEE REV	100% BENEFITS	ELEGIBLE CHARGES	BENEFITS AT %	CDS CODE	HOSPITAL ROOM AND BOARD FROM	TYPE OF CHARGE			
BB	12200	07						BS	MISC. HOSPITAL CHARGES				
CB	12200	08							SURGERY				
DB	12200	09							MATERNITY BENEFIT				
EB	12200	10							OUT PATIENT BENEFIT-ACCIDENT				
FB	12200	11							MONTHLY BENEFIT	FROM	TO		
GB	12100	01						GS	02/14/06	06/14/06			
HB	12100	01						HS	4 Monthly Benefits @ \$500.00				
IB								IS	02/14/06 to 06/14/06				
JB								JS					
KB								KS					
LB								LS					
MB	66500							MS	TAXES WITHHELD				
REDACTED													
CDS CODE		INSURED										TAX ID	
TS	Donna Mathews	SEE REVERSE											
DEPENDENT													
CDS CODE		PAYEE NAME AND ADDRESS											
Y1	Donna Mathews												
Y2	REDACTED												
Z1	Callistoga, CA 94515												
Z2													
Z3													
Policy Benefits		PREPARED BY		APPROVAL		REDACTED							
Division		ELAINE BOURG											

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

Received 10/14/06

10/14/06

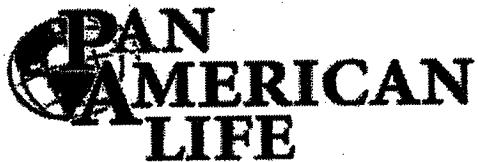
POLICY NUMBER 1257-758		CALIFORNIA								DATE		
FORM NUMBER 7h01	BO	STICTRY 4	AGENCY	AGENT	AGENT	CLAIM NUMBER 06-1005	INS. 1	AGE 53	INCUR DATE 12/14/2006	REPORT DATE 2/6/2006	CAUSE 419	Avg COINS
CDS CODE A1	CASH ACCOUNT 51448	ACCOUNT \$	CHECK AMOUNT 200.00		AUTH	NO.CHK	NO.ACCT	CHECK NUMBER X4R9				8/1/2004
CDS CODE BB		TOTAL CHARGES INELIGIBLE SEE REV 100% BENEFITS		ELIGIBLE CHARGES 100% BENEFITS AT %		CDS CODE BS		TYPE OF CHARGE HOSPITAL ROOM AND BOARD FROM				
CB		12200 08										MISC. HOSPITAL CHARGES
DB		12200 09										SURGERY
EB		12200 10										MATERNITY BENEFIT
FB		12200 11										OUT PATIENT BENEFIT-ACCIDENT
GB		12100 01		<u>200.00</u>		GS		MONTHLY BENEFIT FROM		TO		
HB												
IB												
JB												
KB												
LB												
MB												
TS		DONNA MATHEWS						TAX ID				
CDS CODE Y1		PAYEE NAME AND ADDRESS DONNA MATHEWS						\$300.00 was deducted from the payment because of overpayment.				
Y2		REDACTED										
Z1		CALISTOGA, CA 94515						PREPARED BY ELAINE BOURG		APPROVAL		
Z2												
Z3												
REDACTED												

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

RECEIVED 10-14-06

POLICY NUMBER 1285-764		CALIFORNIA								DATE			
FORM NUMBER 7h01	CDS CODE CASH ACCOUNT	BO	STRICTLY 4	AGENCY	AGENT	CLAIM NUMBER 08-1005	INS. 1	AGE 53	INCUR DATE 12/14/2008	REPORT DATE 2/6/2008	CAUSE 419	AS COINS	
CDS CODE A1		ACCOUNT 51448		A & HCD		TOTAL CHARGES \$ 1,700.00		INELIGIBLE SEE REV 1FFY		100% BENEFITS		ELEGIBLE CHARGES	
												BENEFITS AT %	
												CDS CODE	
												HOSPITAL ROOM AND BOARD FROM	TYPE OF CHARGE
CB	BB	12200	07								BS	MISC. HOSPITAL CHARGES	
DB		12200	08									SURGERY	
EB		12200	09									MATERNITY BENEFIT	
FB		12200	10									OUT PATIENT BENEFIT-ACCIDENT	
GB		12200	11										
HB		12100	01								GS	MONTHLY BENEFIT FROM	
JB		12100	01								HS	TO	
KB											ABJ	06/14/06-07/14/06	
LB											JS	1 MONTHLY BENEFIT	
MB											KS		
											LS		
											MS		
TOTAL												TAX ID	
CDS CODE TS		INSURED											
CDS CODE Y1		PAYEE NAME AND ADDRESS DONNA MATHEWS											
CDS CODE Y2		REDACTED											
CDS CODE Z1		CALISTOGA, CA 94515											
Z2													
Z3													
REDACTED													
PREPARED BY ELAINE BOURG												APPROVAL	

Exhibit BB



October 27, 2006

Donna Mathews

REDACTED

Calistoga CA 94515

Re: Premium refunds

Dear Ms. Mathews:

Please find enclosed refunds for premium payments you made after you were placed on disability. Policy #1257-758 refunded in the amount of \$96.40 and policy # 1285-764 refunded in the amount of \$122.14. As of this writing you have been refunded premiums as following:

Policy #1257-573 \$301.60

Policy #1285-764 \$884.99

Policy #1257-758 \$680.00

Thank you for allowing Pan American Life to serve your needs.

Sincerely,

Michael Jones
Senior Claim Examiner
Pan American Life
P.O. Box 60219
New Orleans, LA 70160-0219

REDACTED

000014 ENDORSEMENT OF THIS CHECK MUST BE IN

WRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY

THE NAME OR NAMES AS WRITTEN

04-19

NO. 062051790

654

AMOUNT

\$*****96.40**

\$96.40
DOLLAR NINE SIX PER FOUR ZERO

0012577580

PAY TO THE ORDER OF:

DONNA R DUPELL-MATHEWS

REDACTED

CALISTOGA CA 94515

OCT 27 2006

DATE
OCT 26, 2006

NOT VALID AFTER
90 DAYS OF ISSUEBANK ONE
NEW ORLEANS, LA.

NON NEGOTIABLE

062051790 065400137 0110029518

REDACTED

000029

ENDORSEMENT OF THIS CHECK MUST BE IN
WRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY

THE NAME OR NAMES AS WRITTEN

84-13

NO. 062051793

654



0012857640

AMOUNT	
\$*****122.14**	

\$122.14
 DOLLAR ONE TWO TWO PER ONE FOUR

PAY TO THE ORDER OF:

DONNA R DUPELL-MATHEWS
REDACTED
CALISTOGA CA 94515

OCT 27 2006

DATE
OCT 26, 2006

NOT VALID AFTER
90 DAYS OF ISSUEBANK ONE
NEW ORLEANS, LA.

NON NEGOTIABLE

062051793 065400137 0110029518

REDACTED

Exhibit CC



November 15, 2006

Donna Mathews
REDACTED
Calistoga, CA 94515

Re: Policies # 1257-758, 1285-764 & 1257-573

Dear Ms. Mathews:

The purpose of this letter is to address the questions you raised in your letter dated October 24, 2006 and received on November 2, 2006.

First you state that you "have no record...requesting your bank statements for verification and if you could provide me with a copy of your letter stating this request I will provide you with the proper information." Pan American Life letter dated August 31, 2006 states "that you forward a bank statement illustrating the amount in question." This request was also made as early as July 15, 2006 in a telephone conversation with Ms. Bourg. Please see attachment #1 with the request in question highlighted for your convenience.

Also Ms. Bourg did not inform you that a third policy did not exist she simply stated that she was only able to find two policies on record for you at the time of your conversation. In your claim proofs there was no indication that you owned a third policy. On September 12, 2006 I was able to locate a third policy within our system and issue benefits accordingly. Please note that both your refund of premiums and benefit check are dated on September 13, 2006. Also in your letter you state that you were "assured by you and Elaine Bourg, only via telephone conversation...that no other policy existed." Ms. Mathews, I have never had a phone conversation with you. Our communication has been limited to written correspondence.

As for your second concern "reimbursements are still being sent without clarification." The letter regarding premium reimbursement dated September 12, 2006 clearly states that the enclosed check is for "waiver of premium disability benefits effective December 14, 2005." All of the premiums received since December 14, 2005 were returned to you in the check dated September 13, 2006. Another letter sent on September 22, 2006 stated in even more explicit terms that all of the premiums received since December 14, 2005 were being returned to you and even included line items declaring the calendar period your premiums covered. I am at a loss as to how more clearly this can be illustrated.

With regard to your other statement "I do not see any indication that dates are yet being documented" regarding your October benefits. Check # 063040936 for policy # 1257-573 states the monthly benefit period from 061406 to 071406 and is dated October 9, 2006. Please see attachment #3a.

Check # 063040935 for policy # 1285-764 states the monthly benefit period from 061406 to 071406 and is dated October 9, 2006. Please see attachment #3b.

Check # 03040934 for policy # 1257-758 states the monthly benefit period from 061406 to 071406 and is dated October 9, 2006. Please see attachment #3c.

REDACTED

PAL 0140

What date documentation is missing? The checks are dated according to the day they are printed. The check header lists the dates of the benefit period and the correspondence lists the same information as well.

The check for policy #1257-573 is in the amount of \$500.00 because that is the amount of the benefit you selected for that policy. Please see attachment #4. The check for policy # 1257-758 in the amount of \$200.00 was paid incorrectly due to clerical error. I have enclosed the additional \$300.00 due for this benefit period. Please see attachment #5.

You have three policies with benefits as follows:

Policy # 1285-764	\$1,300.00 base benefit and \$400.00 Additional Monthly Benefit
Policy # 1257-573	\$500.00 base benefit
Policy # 1257-758	\$500.00 base benefit

These policies together total \$2,700.00 per month in benefits. Currently you have received five (5) months of benefits at \$2,700 per month for a total of \$13,500. I have included in the mailing a copy of all the benefit checks Pan American Life has sent to you as well as a timeline listing the payments and benefit periods. Please see attachment #6.

You have received a refund for all of the premiums we have on record as paid. In the future please refrain from continuing to forward premiums once you have been placed on waiver. I have also included copies of the premium refund checks as well as a timeline listing the refunds. Currently you have paid \$2005.56 in premiums and been refunded \$1,866.59. The remaining \$138.97 of premiums are payments that were due before the date of disability. The sum of \$138.97 is made up of the following premium amounts \$37.70 for policy 1257-573, \$57.07 for policy 1285-764 and \$44.20 for 1257-758. Your policy states the following: "We will refund any premiums paid after the first day of Disability if premiums are waived but we will not refund any part of a premium that was due before the start of Disability." Please see attachment #7.

Thank you for allowing Pan American Life to meet your needs.

Sincerely,

Michael Jones
 Senior Claim Examiner
 Pan American Life
 P.O. Box 60219
 New Orleans, LA 70160-0219

Cc: Linda Van der Veur

Exhibit DD



Hospital & Clinics • School of Medicine

DIVISION OF PHYSICAL MEDICINE & REHABILITATION

Elaine S. Date, MD
Jeffrey K. Teraoka, MD
Michael Fredericson, MD
Raj Mitra, MD

Received

JAN 9 2007

Policy Benefits
Division

PATIENT: Donna Mathews
 DOB: REDACTED 1953
 STANFORD MRN: 1977729-1
 DATE OF VISIT: 11-15-06
 REQUESTED BY: Medical Director Solutions, L.L.C.
 557 Seminole Drive
 Marietta, GA 30060

Patient arrived at the clinic several minutes early for her scheduled appointment. Her identity was confirmed. She came alone for her appointment.

HISTORY: Ms. Mathews is a 52 year old right-handed female dental hygienist, with history of neck pain and bilateral upper extremity burning/tingling, seen today for a one-time consultation/IME. History is acquired from medical records and from the patient, who appears to be a good historian. She states that she was on a ladder on 11-19-05 cleaning leaves from a gutter, when the ladder slipped, causing her to fall and land on her left side/ankle/shoulder. She suffered ankle pain, which has since resolved. ER report (St. Helena Hospital) from 11-19-05 states that Ms. Mathews fell from her ladder, injuring both wrists, striking her head, and twisting her ankle. She fell to the left side, catching herself with her hands. On examination, patient had swelling of the right carpometacarpal joint of the first digit, also left ankle mild swelling. She had no posterior element tenderness over the cervical spine, and she was able to touch her chin to her chest. X-rays of both thumbs and the left ankle showed no fracture. She was diagnosed with acute left ankle sprain, acute bilateral thumb sprains, scalp hematoma, and mild cervical strain. She was given prescriptions for Vicodin and Valium. The carpometacarpal joint of both thumbs showed quite advanced degenerative joint disease. Ms. Mathews saw Dr. Robert Marvan (office of Dr. A. Alexander) on 11-28-05. She complained of increasing pain in her mid-scapular thoracic spine and area of C5-6 over the last 7 to 8 days, since her fall. She also complained of slight paresthesias involving her left 3rd digit. She was somewhat tender to palpation in the perivertebral muscles, areas C5-6-7, and there was mid-scapular pain in the area of T3-4. She was diagnosed with "Mechanical fall, thoracic and cervical sprain". She was given prescriptions for Valium and Vicodin.

Patient was seen in follow-up in Drs. Marvan/Alexander's office on 12-1-05. At that time, patient noted continued pain in the left side of neck and subscapular areas, and numbness in the 2nd and 3rd digits of the left hand. She had been seeing a massage therapist and chiropractor daily, and taking Vicodin 4 per day and Valium once to twice per day. She was diagnosed with neck injury with cervical radiculopathy, and asked to

300 Pasteur Drive, Edwards Bldg., Rm. R105B, MC: 5336 • Stanford, California 94305-5336
 office: 650.723.1410 • fax: 650.498.7546

Palo Alto Veterans Affairs Health Care System • Physical Medicine & Rehabilitation Service (#11)
 3801 Miranda Avenue • Palo Alto, California 94304 • 650.493.5000, Ext. 65469
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RECEIVED DEC 16 2007

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Received

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Division

stop the massage and chiropractic therapy. Lexapro (for pre-morbid depression) was increased from 10 mg/day to 20 mg/day, and Vicodin and Valium were renewed. She was seen again on 12-6-05; symptoms were improved but persistent so a C-spine X-ray was ordered. Patient was advised to try half-days of work. On 12-9-05, Dr. Alexander referred patient to physiatrist, Marko Bodor, M.D.

Ms. Mathews saw Dr. Bodor on 12-14-05. She had seen Dr. Bodor in the past for neck pain (see PMH). Patient complained of left neck and shoulder pain that radiated down her left arm to index and middle fingers, with associated numbness and tingling in these areas. She had had some acupuncture, which helped minimally. On examination, she had 4/5 left triceps, 4+/5 left wrist extensors, adductor pollicis brevis and hand intrinsics, 5/5 in same muscle groups on the right. She had 5/5 bilateral trapezius, deltoids, and biceps. Sensation was decreased to light touch and pinprick on left middle and ring fingers. Muscle stretch reflexes: right triceps 2+, left triceps 1+, bilateral biceps 2+, bilateral brachioradialis 2+. Electromyography examination done on the same day showed electrodiagnostic evidence for a left C7 (and possibly C8) radiculopathy. MRI of the C-spine (see Radiologic below), physical therapy for scapular stabilization, and Neurontin for neuropathic pain were ordered.

Patient had an evaluation by Wellsprings Physical Therapy on 12-14-05. From the medical records, it appears that Ms. Mathews went to physical therapy on 12-20-05, 12-22-05, 12-27-05, 12-28-05, 12-29-06, 1-4-06, 1-6-06, 1-9-06, 1-19-06, 1-23-06, 1-24-06, 1-31-06, 2-2-06, 2-7-06, 2-9-06, 2-20-06, 2-23-06, 2-28-06, 3-3-06, 3-8-06, 3-14-06, 3-17-06.

Patient also saw Christopher Henderson for acupuncture on 9-30-05, 10-3-05, 12-16-05, 12-19-05, 12-21-05, 12-22-05, 12-27-05, 12-29-05, and 1-10-06.

According to the patient, she had a long wait to see Dr. Smith, so she briefly saw an orthopedic surgeon Dr. Sullivan in Santa Rosa on 1-3-06 (her sister works for Dr. Sullivan). Dr. Sullivan ordered a left shoulder MRI which was performed on 1-3-06. Patient was evaluated by Steven Smith, M.D., Orthopedic Surgeon on 1-9-06 for cervical radiculopathy and MRI of left shoulder which was performed on 1-3-06 (see Radiologic). Dr. Smith performed a Kenalog injection of the left subacromial bursa, and sent her for physical therapy rotator cuff range-of-motion and strengthening. On follow-up visit on 2-10-06, Dr. Smith's assessment was: 1. Partial vs. complete tear supraspinatus tendon left shoulder, 2. Advanced degenerative disc disease cervical spine with radiculopathy, 3. Bilateral carpal tunnel syndrome, 4. Bilateral lateral epicondylitis. Patient was sent for physical therapy, neurosurgical consultation by Dr. Eichbaum, nerve conduction studies (of wrists), and given tennis elbow splint. Dr. Smith reviewed surgical options of elbow and carpal tunnel.

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Ms. Mathews saw Dr. Eldan Eichbaum, neurosurgeon, on 3-7-06. Dr. Eichbaum's assessment was: Cervicalgia with radiculopathy and multilevel cervical spondylosis and disc degeneration most severe at C5-6 and C6-7, but also present at C3-4 and C4-5. He felt that patient's pain was most likely due to her injury "on top of her chronic cervical spondylosis". He recommended physical therapy, continue anti-inflammatory medication, and consider a cervical epidural injection at C5-6 and/or C6-7. He also recommended that the patient return in 2-3 months, at which time surgical intervention at C5-6 and C6-7 levels could be discussed ("as a last resort").

Patient saw a primary care physician, Barry Brown, M.D., on 3-29-05. He recommended continuing physical therapy and trying cervical traction. He stated that "I do feel that she is likely to recover, although she will run into a diminishing returns issue such that rehab or vocational rehab would be appropriate". He saw her again on 4-27-06, and ordered her a tennis elbow support for lateral epicondylitis. He wanted to continue Ambien every other night, and gave her a refill for Atrovent. She was apparently scheduled for a follow-up visit with Dr. Eichbaum, but I do not have records for this visit.

RADIOLOGIC:

MRI Cervical Spine 7-14-03 (Santa Rosa Imaging Center, Alvaris Duffis, M.D.): Degenerative changes of cervical spine. Multiple disk bulges at C3-4, C4-5, C6-7, and C7-T1. Spinal stenosis at C5-6 and C6-7 levels. Narrowing of the neural foramina at C3-4 and C6-7.

MRI Cervical Spine without Contrast 12-16-05 (Santa Rosa Imaging Medical Center, Scott Booth, M.D.): Multilevel degenerative disc disease. Mild central spinal stenosis with cord effacement C3-4 (left lateralizing), C5-6 (right lateralizing), and C6-7 (left lateralizing), increased at all three levels compared with the 07/14/03 MRI examination. Minimal central spinal encroachment at C4-5 and C7-T1 levels without overt effacement of the cord proper. Foraminal stenosis at C3-4, C4-5, C5-6 and C6-7 levels as outlined above.

MRI Left Shoulder 1-3-2006 (Santa Rosa Imaging Medical Center, Douglas Munro, M.D.): Non-retracted partial-thickness tear in the mid-conjoined tendon for the infraspinatus and supraspinatus muscles. There is felt to represent a full-thickness tear without significant retraction.

Left Shoulder X-rays, 3 views 1-3-06 (Santa Rosa Imaging Medical Center, Douglas Munro, M.D.): Normal left shoulder.

Cervical Spine X-rays, 5 views 12-5-05 (St. Helena Hospital, Jerrold Grayson, M.D.): Moderate disc narrowing at C5-6 and C6-7 with anterior osteophytes at 5-6, general unchanged from films of 6/20/03. There is neural foraminal encroachment on the right at 5-6 and 6-7 and on the left at 6-7.

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CURRENT COMPLAINTS:

Patient complains of left and right posterior neck pain, burning in nature, radiating down bilateral arms to medial forearms and to the medial hands and first 3 digits of hands. The symptoms are worse in the right forearm/hand than in the left forearm/hand. Pain is split at approximately 50:50 in terms of neck compared to arm pain. Tingling is now much improved (in the same distribution as the burning pain), over the last 3 months. Pain is rated in the neck as ranging from a 4 out of 10 at its best to 8 out of 10 at its worst, usually a 7/10; in the right arm as ranging from 3 out of 10 at its best to 8 out of 10 at its worst, usually a 7/10; in the left arm as 2 out of 10 at its best to 6 out of 10 at its worst, usually a 4/10. Pain is aggravated by any activity which requires bending forward at the neck, or fine upper extremity work such as computer work. Pain is improved by yoga, rest.

MEDICATIONS: 1) Vicodin, 4 tablets per day; 2) Ambien 10 mg, approximately 2 tabs per week; 3) Lexapro 20 mg/ day; 4) Vivelle patch, 5) Ibuprofen 200 mg, 4 per day.

NKDA

OCCUPATIONAL HISTORY: Patient used to work as a dental hygienist, with frequent bending and fine motor work with her hands. After the fall on 11-19-05, she tried to return to work one day per week. She stopped working due to the pain on 12-14-05. Recently, she has been attending school to try to get a RN degree.

PMH:

1. Carpal tunnel syndrome, bilateral supraspinatus tendonitis, hand tendonitis, cervical pain.

Patient saw Dr. Marko Bodor, physiatrist on 3-19-01 for complaints of thumb, wrist and neck pain and weakness. Her ?primary care physician, Dr. Ortstadt, had referred her for ergonomic evaluation and recommendations relating to carpal tunnel syndrome and thumb tendonitis. Dr. Bodor performed limited nerve conduction studies to assess the severity of carpal tunnel syndromes. His assessments were: 1. Mild bilateral demyelinating median neuropathies at the wrists (carpal tunnel syndrome), 2. Bilateral flexor pollicis longus tendinitis, 3. Bilateral flexor pollicis brevis tendonitis. 4. Left rhomboid myofascial pain. 5. High/continuous pinch/grip forces at work. Dr. Bodor injected a mixture of Kenalog and Saline into the right and left carpal tunnels, as well as the left rhomboid. Dr. Bodor saw Ms. Mathews in follow-up on 6-4-01, at which time she was complaining of recurrence of left rhomboid pain and mild bilateral shoulder pain. Dr. Bodor diagnosed her with C5-6 disk dysfunction?, bilateral supraspinatus tendonitis, and bilateral carpal tunnel syndrome, significantly improved. He injected her right and left subacromial spaces with Kenalog/Bupivacaine mixture. Dr. Bodor saw the patient again on 11-12-01, when he injected Kenalog/saline mixture into the left carpal tunnel, left levator scapulae, left 4th MCP joint, and left 5th MCP joint. On 7-23-03, Dr. Bodor

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saw the patient again, after she had been working as a ski patroller. He injected the left mid-trapezius/levator scapulae, left C6-7 paraspinal, left abductor pollicis longus tendon, and right abductor pollicis longus tendons with Kenalog and Bupivacaine. He ordered a C-spine MRI (see Radiologic), and on 7-23-03 performed a left C6 transforaminal epidural injection.

2. Depression
3. Arthritis, with hand pain which started approximately 9 years ago.

FH: Mother had lymphoma.

SH: Married, has one 18 year old child. Does not smoke cigarettes or drink alcohol.

ROS: Positive for headaches in the posterior head, band-like almost daily. Also complains of poor balance, but has not had any falls since 11/05. Negative for constitutional, eyes, ENT, respiratory, cardiovascular, gastrointestinal, GU, skin, endocrine, allergic/immunologic, hematologic review of systems..

PHYSICAL EXAMINATION:

VS: Ht: 5'7"; weight 148 lbs. by patient's history

General: WDWN female in NAD. Patient is cooperative with no abnormal pain behaviors. She became somewhat tearful during parts of the examination, but remained cooperative.

Pulse: Regular.

Extremities: No CCE.

Neck and C-Spine: Posture – head slightly protruded forward over spine. Non-tender to palpation over the cervical spine/interspinous spaces, upper trapezius muscles. Tender to palpation over bilateral rhomboids and latissimus muscles. ROM: 100% of normal forward flexion, extension 50 % of normal with neck pain; left rotation 80% of normal, right rotation 50% of normal with mild neck pain at end of range, left lateral bending 75% of normal, right lateral bending 50% of normal. Spurling's test causes neck pain only. Brachial compression test elicits local tenderness only. Nerve root tension sign causes pain radiating down the arm in the C6 dermatome bilaterally.

Musculoskeletal: Mildly tender to palpation over bilateral subacromial (lateral) regions. Approximate AAROM of shoulders: 180 degrees of forward flexion bilaterally with pain at end of range on the left; 170 degrees of abduction bilaterally with pain at 90 degrees and above on the left; external rotation 110 degrees on the right, 100 degrees on the left; internal rotation 80 degrees on the right, 70 degrees on the left.

Received

JAN 9 2007

Mathews, Donna
1977729-1
Page 6

Policy Benefits
Division

Positive left apprehension, impingement and supraspinatus tests; negative on the right. Negative Tinel's at bilateral wrists and elbows.

Neurological: On MMT: 5-/5 left shoulder abductors (pain-limited), 5/5 right shoulder abductors; 5/5 bilateral shoulder IR and ER; 5/5 bilateral elbow flexors, 5-/5 bilateral elbow extensors; 5/5 bilateral wrist flexors and extensors; 5/5 bilateral grip, hand intrinsics. Sensation decreased to PP over left and right C6 dermatomes, also to ST bilaterally, otherwise intact in C5-T12 dermatomes. MSR's: 2 and symmetrical for biceps, 2- and symmetrical for triceps; trace for bilateral brachioradialis, 3 for bilateral KJ's, 2 for bilateral AJ's. 1-2 beats of ankle clonus bilaterally. Negative Hoffmann's bilaterally. Cerebellar: Able to do finger-to-nose bilaterally. Difficulty with balance on moderately rapid tandem walking. Negative Romberg's: Gait within normal limits..

IMPRESSION:

52 year old RH female with prior history of bilateral carpal tunnel syndrome, cervical degenerative disc disease, and wrist tendonitis, s/p fall off of ladder on 11-19-05. Patient has electrodiagnostic, clinical, and radiologic evidence for left cervical radiculopathy (C6/7), radiographic and clinical evidence for right cervical radiculopathy (C6/7), and radiologic and clinical evidence for left shoulder rotator cuff tear. She also has radiologic and clinical evidence for cervical stenosis. She has undergone extensive conservative management of physical therapy, medications, and acupuncture.

1. Left cervical radiculopathy. On physical examination, she had a positive nerve root tension sign, decreased cervical range of motion, weakness in left elbow extensors, decreased sensation to pain and light touch over the left C6 dermatome. On her EMG study by Dr. Bodor on 12-14-05 showed electrodiagnostic evidence for a left C7 (and possibly C8) radiculopathy. MRI showed evidence for progression of left lateralizing C6-7 foraminal stenosis.
2. Right cervical radiculopathy. On physical examination, similar to the right side, she had a positive nerve root tension sign, decreased cervical range of motion, weakness in right elbow extensors, decreased sensation to pain and light touch over the right C6 dermatome. MRI showed C5-6 (right lateralizing) disc bulge with foraminal stenosis.
3. Left shoulder rotator cuff tendonitis/tear. On physical examination, patient had positive left impingement, apprehension and supraspinatus tests, decreased active-assisted shoulder range of motion (internal and external rotation). MRI of left shoulder (1-3-06) showed non-retracted partial thickness tear in the mid-conjoined tendon for the infraspinatus and supraspinatus muscles.
4. Cervical stenosis. On physical examination, patient had hyperreflexia for the knee jerks, 1 to 2 beats of ankle clonus, and mildly impaired tandem gait. On Cervical MRI (12-16-05), there was mild central canal stenosis with cord effacement and C3-4, C5-6, and C6-7 and without cord effacement at C4-5 and C7-T1 levels,

Received

Mathews, Donna
1977729-1
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JAN 9 2007

FCA&L Benefits
Division

OPINIONS/DISCUSSION:

It is my opinion that the objective medical findings do support the presence of an impairment, which limits Ms. Mathew's ability to work as a dental hygienist. Her limited cervical range of motion, pain from the cervical radiculopathy and cervical stenosis, arm/hand weakness and numbness, and left shoulder pain and limited range of motion prevent her from bending forward over patients, performing overhead activity, reaching forward, prolonged gripping of objects and hand/arm activity, pushing/pulling, and lifting greater than 10 pounds.

The patient has been unable to perform her job since December 2005, which I believe is reasonable and consistent with her objective findings.

The limitations and inability to perform her occupation as dental hygienist are most likely permanent. In spite of conservative management, she has failed to improve significantly in terms of her symptoms and signs.

During today's examination, as well as from the review of her records, there were no signs of malingering, symptom exaggeration or secondary gain.

It appears that the patient has reached maximum medical improvement from the conservative treatments that she has already extensively received (physical therapy, acupuncture, medications). She has not undergone any injections to her cervical region, but in fact appears to be a marginal candidate at best for an injection such as a cervical epidural injection due to her stenosis and evidence for cord effacement at multiple levels. I am not a surgeon, so I would defer to her surgical physicians (Dr. Smith for her shoulder pathology, and Dr. Eichbaum for her cervical spine) as to whether or not surgical intervention would assist in her recovery.

Please see attached Limitations and Restrictions Form.

This report is true and accurate to the best of my knowledge. I have not met Ms. Mathews previous to today's examination. She made it clear that the examination and assessment today was not at her request. I would like to note that after completion of the examination, Ms. Mathews informed me that her brother works in the same building as my clinic (I believe in billing or scheduling of other physicians). He is an acquaintance, but does not work with me or in the same Division.

Mathews, Donna
1977729-1
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Received

JAN 9 2007

Policy Benefits
Division



Elaine S. Date, M.D.
Associate Professor and Head
Division of Physical Medicine & Rehabilitation
Department of Orthopedic Surgery
Stanford University School of Medicine

2

PAL 0761

ReceivedPatient Name Donna Matthews

JAN 9 2007

IME ASSESSMENT - LIMITATIONS AND RESTRICTIONS

Division

Extent of Extremity Functioning

(LUE/RUE = Left/Right Upper Extremity; LLE/RLE = Left/Right Lower Extremity)

Extremity Functioning	Not Restricted	Restricted (1-33%)	Restricted (33-66%)	Restricted (67-99%)	Always Restricted
Feeling	LUE		✓		
	RUE		✓		
Fingering / Keyboarding	LUE		✓		
	RUE		✓		
Operating Computer Mouse	LUE		✓		
	RUE		✓		
Pushing/Pulling	LUE			✓	
	RUE			✓	
Driving	LLE	✓			
	RUE	✓			

Received

JAN 9 2007

Policy Benefits

Division

Complete Insured's other physical capabilities based on a normal workday

	Not Restricted	Restricted (1-33%)	Restricted (33-66%)	Restricted (67-99%)	Always Restricted
Climbing		✓			
Full Bending (at waist)	✓				
Kneeling	✓				
Balance		✓			
Crouching				✓	
Crawling					✓
Reaching Above Shoulders					✓
Reaching Forward					✓
Standing	✓				
Walking	✓				

The Insured retains the ability to lift, carry, exert force up to: (Please check appropriate box)

In excess of 100 lbs. and frequently lift/carry 50 lbs.
100 lbs. Maximum and frequently lift/carry 50 lbs.
75 lbs. Maximum and frequently lift/carry up to 50 lbs.
50 lbs. Maximum and frequently lift/carry up to 25 lbs.
30 lbs. Maximum and frequently lift/carry up to 20 lbs.
20 lbs. Maximum and frequently lift/carry up to 10 lbs.
10 lbs. Maximum and occasionally carry small objects
Less than 10 lbs.

1/15/06 hb

EXHIBIT EE

STATE OF CALIFORNIA

John Garamendi, Insurance Commissioner

DEPARTMENT OF INSURANCE

CONSUMER SERVICES & MARKET CONDUCT BRANCH
 300 SOUTH SPRING STREET
 LOS ANGELES, CA 90013
 (213)346-6527
 (213)897-6971 (FAX)
www.insurance.ca.gov

**FAX TRANSMISSION COVER SHEET**

IMPORTANT/CONFIDENTIAL: This communication is intended only for the use of the individual or entity to which it is addressed. This message contains information from the State of California, Department of Insurance, which may be privileged, confidential, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

PST 9:00

Date: 11-20-2006

Time:

of Pages: 2

TO:

Name/Title: Glenda Griffin - Customer Satisfaction Representative

Office: Pan American Life

FAX Number: 504- 566-3458

Telephone Number: 504-566-3117

FROM:

Name/Title: John Balthazar - Associate Compliance Officer

Office: CONSUMER SERVICES - RATING AND UNDERWRITING SERVICES BUREAU

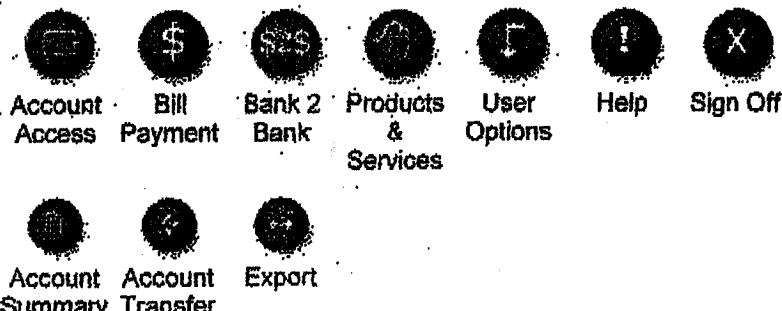
FAX Number: (213) 897-6971

Telephone Number: (213) 346-6672

MESSAGE/INSTRUCTIONS Urgent For Review FYI Please Reply Assignment

COMMENTS: Per your request faxing insured bank records KEEP CONFIDENTIAL.

Welcome to Mendocino Lake Credit Union

Customer Number: **REDACTED**

Customer Name: ARTHUR J MATHEWS

Account #1 Detail

Account Title	REGULAR CHECKING	Account Balance	\$482.28
Account Number	1	Available Balance	\$482.28
Account Type	Checking	2006 Interest	\$0.00
		2005 Interest	\$0.00

Account #1 History
12-01-2005 to 01-01-2006

Date	Transaction Description	Credit	Debit	Balance
12-30-2005	PAYD PAYROLL DEPOSIT-730-CO.:MIDDLETOWN UNIFIED	401.25		779.79
12-23-2005	ACH WITHDRAWAL-PPD / PAN AMERICAN 010 / INS PREM		94.77	378.54
12-20-2005	ACH WITHDRAWAL-PPD / PAN AMERICAN 010 / INS PREM	138.97		473.31
12-15-2005	ACH WITHDRAWAL-PPD / METLIFE / PAYMENT	148.84		612.28
12-15-2005	ACH WITHDRAWAL-PPD / METLIFE / PAYMENT	120.13		761.12
12-02-2005	ACH WITHDRAWAL-PPD / METLIFE / PAYMENT	240.26		881.25

Export December 01, 2005 to January 01, 2006

Export

All transactions in the selected date range will be downloaded

REDACTED

EXHIBIT FF

November 27, 2006

Michael Jones
 Senior Claims Examiner
 Pan American Life
 P.O. Box 60219
 New Orleans, LA 70160-0219

Received

NOV 30 2006

POLICY BENEFITS
 DIVISION

Re: Policy # 1257-758, 1285-764 & 1257-573

Dear Mr. Jones:

The purpose of this letter is to address some issues of your letter of November 6, 2006.

First, regarding your letter of August 31, 2006, Attachment #1 improperly quoted documentation requesting bank statement verification. Your quotation "that you forward a bank statement illustrating the amount in question" was actually stated in the letter as "*It was requested* that you forward a bank statement illustrating the amount in question". This does not provide me with any documentation that you originally requested this information. By August 31 I had already contacted the California State Department of Insurance because of these numerous instances of 'clerical error'. These instances had accumulated beyond my ability to keep up, and your constant disregard of my requests clearly needed intervention.

Regarding the third policy, you stated "On September 12, 2006 I was able to locate a third policy within our system and issue benefits accordingly". On September 11, 2006 I called the Collection Department and spoke to Diana M. She was the person who was able to find the policy # 1257-5730. It was clearly listed in my name, but it was not activated with the other policies that also had my name on them. Your company's ability to only find two policies on record for a disability beginning in December is hardly "operating in good faith". As to my remark that you and Elaine Bourg assured me by telephone that no other policy existed , and you state that we have never had a phone conversation-Elaine said to me during the telephone conversation in which I was questioning the existence of another policy that you were "sitting right here" and verified what she was saying.

As for my concern regarding checks that are still being sent without clarification- as late as September 12, 2006, a refund of \$301.60 was sent and I had to once again write on September 18, 2006 to request an itemization of what the refund represented. Your letter of September 22, 2006 provided the information I need to keep these accounting records clear, and this type of itemization should be provided without my having to request it with each disbursement.

With regard to dates still not being documented, please examine the worksheet provided with Attachment #3a. It has a date in the upper right hand corner. Attachment #3b and #3c do not have a date. Since I do not keep the checks, but deposit them into my bank account, I do not

see any dates on the check stub that show what date the check was issued. Since the check for June is finally being issued in October, it is extremely important for my documentation that the worksheet and/or the check stub provide an issue date. This lack of documentation should be evident upon examination of your Attachment #3b and #3c.

Concerning the check for policy #1257-573, you state "that is the amount of the benefit you selected for that policy" This insinuates that I was given a choice. I do not see anywhere, on any documents that I was ever given a choice about the amount of insurance I could purchase, or select any options.

More importantly, regarding the check for policy #1257-758, you state that it "was paid incorrectly due to clerical error". I wish that these payments were as trivial to me as simple "clerical errors" seem to be to you and your company. This has been a very difficult transition for me and my family, and the continual stress of wondering when a check may come, and in what amount, is only increasing my stress.

In your last paragraph I felt insult added to injury when you state "please refrain from continuing to forward premiums once you have been placed on waiver". What audacity! I have been trying for months to have your company stop automatically withdrawing from my bank account. Your company withdrew an entire years' worth of premiums at one point and overdraw my account. The bank agreed to become involved, requesting I make one more phone call which I did on September 11. That call was the discovery that another policy existed, and for you to tell me that you discovered the policy on September 12th makes me extremely distrusting of you and your company operating in good faith.

Finally, and most importantly, your letter of November failed to answer any of questions regarding rehabilitation. The rehabilitation portions of my policies are, as you state, 'disbursed at Pan American Life's discretion'. Can you tell me what would justify rehabilitation? Is there a company policy regarding rehabilitation? In what circumstances? Do you ever approve this benefit or make exceptions, and could I make an appeal for this benefit? Does the company ever disburse this option?

I would appreciate a response regarding rehabilitation at your earliest convenience.

Sincerely,

Donna Mathews

cc: John Balthazar
Daryl Tolliver

Received
NOV 30 2006
Policy Benefits
Division

EXHIBIT GG



December 8, 2006

Donna Mathews
REDACTED
Calistoga, CA 94515

Dear Ms. Mathews,

The purpose of this letter is to acknowledge the receipt of your letter dated November 27, 2006 and received on November 30, 2006.

First, Pan American Life has responded in a timely and detailed fashion to your requests. We have prepared over 50 pages of correspondence in response to your communications. That hardly qualifies as you state a "constant disregard of my requests."

Concerning the rehabilitation clause in our policy, the language states that "We will pay for a rehabilitation program if we approve it in advance. The extent of our payment will be what we state in our written approval." Pan American Life reserves the right to be involved with an insured's vocational rehabilitation process. This includes but is not limited to evaluation by certified rehabilitation specialists, physical testing and vocational aptitude testing. This benefit is not a guaranteed benefit for all disabled insured and must be agreed upon and evaluated in advance on a case to case basis. As we have previously indicated in the correspondence dated August 31, 2006 Pan American Life will not be entering into a rehabilitation agreement with you.

Thank you for allowing Pan American Life to serve your needs.

Sincerely,

Michael Jones
Senior Claim Examiner
Pan American Life
P.O. Box 60219
New Orleans, LA 70160-0219

REDACTED

EXHIBIT HH

Policy #	1285-764	Benefit Period	CR Number	Check Number	Check Amt
2/14/2006	3/14/2006	603051	63032875	\$1,700.00	
3/14/2006	4/14/2006	607072	63037871	\$1,700.00	
4/14/2006	5/14/2006	608066	63038875	\$1,700.00	
5/14/2006	6/14/2006	609033	63039853	\$1,700.00	
6/14/2006	7/14/2006	610037	63040935	\$1,700.00	
7/14/2006	8/14/2006	611046	63041917	\$1,700.00	
8/14/2006	9/14/2006	612048	63042994	\$1,700.00	
9/14/2006	10/14/2006	701045	73030106	\$1,700.00	
10/14/2006	11/14/2006	702048	73031158	\$1,700.00	
11/14/2006	12/14/2006	703044	73032214	\$1,700.00	
12/14/2006	1/14/2007	704038	73033163	\$1,700.00	
1/14/2007	2/14/2007	705045	73034119	\$1,700.00	
2/14/2007	3/14/2007	706038	73035126	\$1,700.00	
3/14/2007	4/14/2007	707037	73036047	\$1,700.00	
4/14/2007	5/14/2007	708039	73036973	\$1,700.00	
5/14/2007	6/14/2007	709036	73037872	\$1,700.00	
6/14/2007	7/14/2007	710044	73038731	\$1,700.00	
7/14/2007	8/14/2007	711036	73039695	\$1,700.00	
8/14/2007	9/14/2007	712036	73040597	\$1,700.00	
9/14/2007	10/14/2007	801045	83030135	\$1,700.00	
1/14/2008	2/14/2008	801180	83030931	\$1,700.00	
2/14/2008	3/14/2008	801328	83032088	\$1,700.00	
3/14/2008	4/14/2008	801483	83032887	\$6,800.00	

Benefits paid on 04/07/08 \$6,800.00
 Total Benefits paid as of 04/14/08 \$44,200.00

Policy #	257573	Done Matthews		
Benefit Period	GR Number	Check Number	Check Amt	
2/14/2006	6/14/2006	609063	63040067	\$2,000.00
6/14/2006	7/14/2006	610038	63040936	\$500.00
7/14/2006	8/14/2006	611047	63041918	\$500.00
8/14/2006	9/14/2006	612049	63042995	\$500.00
9/14/2006	10/14/2006	701044	73030107	\$500.00
10/14/2006	11/14/2006	702047	73031157	\$500.00
11/14/2006	12/14/2006	703045	73032215	\$500.00
12/14/2006	1/14/2007	704039	73033164	\$500.00
1/14/2007	2/14/2007	705044	73034118	\$500.00
2/14/2007	3/14/2007	706039	73035127	\$500.00
3/14/2007	4/14/2007	707036	73036046	\$500.00
4/14/2007	5/14/2007	708040	73036974	\$500.00
5/14/2007	6/14/2007	709037	73037873	\$500.00
6/14/2007	7/14/2007	710045	73038730	\$500.00
7/14/2007	8/14/2007	711037	73039696	\$500.00
8/14/2007	9/14/2007	712037	73040598	\$500.00
9/14/2007	10/14/2007	801046	83030134	\$500.00
1/14/2008	2/14/2008	801179	83030930	\$500.00
2/14/2008	3/14/2008	801326	83032086	\$500.00
3/14/2008	4/14/2008	801481	83032885	\$2,000.00

Benefits paid on 04/07/08 \$2,000.00
 Total Benefits paid as of 04/14/08 \$13,000.00

Policy #	1257758	Donee Mathews		
Benefit Period	CRN Number	Check Number	Check Amt	
2/14/2006	3/14/2006	603050	63032874	\$500.00
3/14/2006	4/14/2006	607073	63037872	\$1,300.00
4/14/2006	5/14/2006	609032	63039852	\$200.00
5/14/2006	6/14/2006	610036	63040934	\$200.00
6/14/2006	7/14/2006	611019	63041841	\$300.00
7/14/2006	8/14/2006	611045	63041916	\$500.00
8/14/2006	9/14/2006	612047	63042993	\$500.00
9/14/2006	10/14/2006	701043	73030105	\$500.00
10/14/2006	11/14/2006	702046	73031156	\$500.00
11/14/2006	12/14/2006	703043	73032213	\$500.00
12/14/2006	1/14/2007	704037	73033162	\$500.00
1/14/2007	2/14/2007	705043	73034117	\$500.00
2/14/2007	3/14/2007	706040	73035128	\$500.00
3/14/2007	4/14/2007	707038	73036048	\$500.00
4/14/2007	5/14/2007	708038	73036972	\$500.00
5/14/2007	6/14/2007	709035	73037871	\$500.00
6/14/2007	7/14/2007	710043	73038732	\$500.00
7/14/2007	8/14/2007	711035	73039694	\$500.00
8/14/2007	9/14/2007	712035	73040596	\$500.00
9/14/2007	10/14/2007	801044	83030136	\$500.00
1/14/2008	2/14/2008	801178	83030929	\$500.00
2/14/2008	3/14/2008	801327	83032087	\$500.00
3/14/2008	4/14/2008	801482	83032886	\$2,000.00

Benefits paid on 04/07/08
Total Benefits paid as of 04/14/08

\$2,000.00
\$13,000.00

DESCRIPTION OF BENEFITS		AMOUNT
POLICY NO. 1285764	CLAIM NO. 061005	
MONTHLY BENEFITS FROM 031408 TO 041408	08 DAYS	1,300.00
ABI 031408 TO 041408		400.00
101407 TO 011408		3,900.00
ABI 101407 TO 011408		1,200.00
INSURED: DONNA MATHEWS		
	APR 07 2008	
CHECK NO. 083032887	CHECK AMOUNT	\$6,800.00

THE ATTACHED CHECK COVERS FULL PAYMENT OF ITEMS SHOWN IN STATEMENT ABOVE. PLEASE DETACH THIS STATEMENT BEFORE PRESENTING CHECK FOR PAYMENT.

PAN-AMERICAN LIFE INSURANCE COMPANY

000012 ENDORSEMENT OF THIS CHECK MUST BE IN HANDWRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY WITH THE NAME OR NAMES AS WRITTEN 280AH
84-13 AH
654 NO. 083032887



PAY TO THE ORDER OF:

DATE	APR 05, 2008
------	--------------

DONNA MATHEWS
26 VIEW ROAD
CALISTOGA, CA 94515

NOT VALID AFTER
90 DAYS OF ISSUE

AMOUNT
\$*****6,800.00**

\$6,800.00

DOLLAR SIX HUNDRED EIGHTY ZERO PER ZERO

BANK ONE
NEW ORLEANS, LA.

NON NEGOTIABLE

"083032887" "065400137" "0110029437"

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

DESCRIPTION OF BENEFITS		AMOUNT
POLICY NO. 1257758	CLAIM NO. 061005	
MONTHLY BENEFITS FROM 031408 TO 041	08 DAYS	500.00
101407 TO 011408		1,500.00
INSURED: DONNA MATHEWS		
	APR 07 2008	
CHECK NO. 083032886	CHECK AMOUNT	\$2,000.00

THE ATTACHED CHECK COVERS FULL PAYMENT OF ITEMS SHOWN IN STATEMENT ABOVE. PLEASE DETACH THIS STATEMENT BEFORE PRESENTING CHECK FOR PAYMENT.

PAN-AMERICAN LIFE INSURANCE COMPANY

000010 ENDORSEMENT OF THIS CHECK MUST BE IN HANDWRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY WITH THE NAME OR NAMES AS WRITTEN 280AH
84-13 AH
NO. 083032886 654



PAY TO THE ORDER OF:

DONNA MATHEWS
26 VIEW ROAD
CALISTOGA, CA 94515

DATE
APR 05, 2008

NOT VALID AFTER
90 DAYS OF ISSUE

AMOUNT
\$*****2,000.00**

\$2,000.00

BANK ONE
NEW ORLEANS, LA.

NON NEGOTIABLE

"083032886" "065400137" "011002943?"

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/ WORK SHEET

								DATE					
POLICY NUMBER		CALIFORNIA						4/4/2008					
FORM NUMBER	BO	STRICTLY	AGENCY	AGENT	CLAIM NUMBER	INS.	AGE	INCURR DATE	REPORT DATE	CAUSE	ANS	COINS	
7h01				4	06-1005	1	53	12/14/2006	26/2006	419			
CDS CODE	CASH ACCOUNT	CHECK AMOUNT	AUTH		NO.CHRK	NO ACCT	CHECK NUMBER					9/1/2004	
A1	51448	\$ 2,000.00											
CDS CODE	ACCOUNT	A & HCD	TOTAL CHARGES	INELIGIBLE	SEE REV	100% BENEFITS	ELEGIBLE CHARGES	BENEFITS AT %	CDS CODE	CRAH			
BB	12200	07							BS	TYPE OF CHARGE			
CB	12200	08								HOSPITAL ROOM,	TO		
DB	12200	09								AND BOARD FROM			
EB	12200	10								MISC. HOSPITAL CHARGES			
FB	12200	11								SURGERY			
GB	12100	01				500.00			GS	MATERNITY BENEFIT			
HB									HS	OUT PATIENT BENEFIT-ACCIDENT			
IB	12100	01				1,500.00			IS	MONTHLY BENEFIT			
JB									JS	3 Monthly Benefits			
KB										KS	10/14/07 to 01/14/08		
LB										LS			
MB										MS	TAXES WITHHELD		
TS	INSURED										TAX ID		
TS	DONNA MATHEWS												
CDS CODE	PAYEE NAME AND ADDRESS												
Y1	DONNA MATHEWS												
Y2	26 VIEW ROAD												
Z1	CALISTOGA, CA 94515												
Z2													
Z3													
			PREPARED BY:								APPROVAL		
			Michael Jones										

The additional \$1,500 in this benefit payment represents the amount your policy was under paid. As of this benefit period your policy benefits are no longer in arrears.

DESCRIPTION OF BENEFITS		AMOUNT
POLICY NO. 1257573	CLAIM NO. 061074	
MONTHLY BENEFITS FROM 031408 TO 041	08 DAYS	500.00
101407 TO 011408		1,500.00
INSURED: DONNA MATHEWS		
CHECK NO. 083032885	CHECK AMOUNT	\$2,000.00

THE ATTACHED CHECK COVERS FULL PAYMENT OF ITEMS SHOWN IN STATEMENT ABOVE. PLEASE DETACH THIS STATEMENT BEFORE PRESENTING CHECK FOR PAYMENT.

PAN-AMERICAN LIFE INSURANCE COMPANY

000008 ENDORSEMENT OF THIS CHECK MUST BE IN HANDWRITING OF PAYEE OR PAYEES EXACTLY IN CONFORMITY WITH THE NAME OR NAMES AS WRITTEN 280AH
AH
84-13 NO. 083032885
654



PAY TO THE ORDER OF:

DONNA MATHEWS
26 VIEW RD.
CALISTOGA, CA 94515

DATE
APR 05, 2008

NOT VALID AFTER
90 DAYS OF ISSUE

BANK ONE
NEW ORLEANS, LA.

NON NEGOTIABLE

AMOUNT
\$*****2,000.00**

\$2,000.00

DOLLARS TWO CENTS ZERO ZERO ZERO PER ZERO ZERO

083032885 065400137 0110029437

ACCIDENT AND HEALTH CLAIM CHECK REQUEST/WORK SHEET

							DATE 4/4/2008					
POLICY NUMBER 12257-573	CALIFORNIA				INS.	AGE	INCUUR DATE 12/14/2005	REPORT DATE 26/2006	CAUSE 419	AMIS	COINS	
FORM NUMBER 7H01	BO	STRICTRY 4	AGENCY	AGENT	AGENT	CLAIM NUMBER 06-1074	1	53				
CDS CODE	CASH ACCOUNT		CHECK AMOUNT		AUTH	NO.CHK	NO.ACCT	CHECK NUMBER	REQUEST NUMBER 801481			
A1	51448		\$ 2,000.00		CRS1	CRAH						
CDS CODE	ACCOUNT	A & HCD	TOTAL CHARGES	INELEGIBLE	SEE REV	100% BENEFITS	ELEGIBLE CHARGES	BENEFITS AT %	CDS CODE	TYPE OF CHARGE		
BB	12200	07							BS	HOSPITAL ROOM AND BOARD FROM	TO	
CB	12200	08								MISC. HOSPITAL CHARGES		
DB	12200	09								SURGERY		
EB	12200	10								MATERNITY BENEFIT		
FB	12200	11								OUTPATIENT BENEFIT-ACCIDENT		
GB	12100	01				\$500.00			GS	MONTHLY BENEFIT FROM	TO	04/14/08
HB									HS	1 Monthly Benefit		
IB	12100	01				1,500.00			IS	3 Monthly Benefits		
JB									JS	10/14/07 to 01/14/08		
KB									KS			
LB									LS			
MB	66500								MS	TAXES WITHHELD		
TOTAL												
CDS CODE	INSURED								TAX ID			
TS	Donna Mathews		SEE REVERSE		DEPENDENT							
CDS CODE	PAYEE NAME AND ADDRESS											
Y1	Donna Mathews											
Y2	26 View Rd											
Z1	Calistoga, CA 94515											
Z2												
Z3												
									PREPARED BY		APPROVAL	
									Michael Jones			